Risk Management and Claims Web form Guide

01012016

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Overview

City of Minneapolis employees must report Health and Safety issues to supervisors. This web form is a tool to support this communication. The Web Intake Incident form can be used by all employees to submit incidents, concerns and "near misses" to help to prevent incidents and accidents in our work place.

After employees complete and submit the web form, an incident report event number will be given. Employees are advised to keep a record of this event number. When a web form is submitted to the Risk Management office, an event record is created in the City database. Event reports received via the web will be reviewed by a Risk Management staff who will determine whether or not there is sufficient information to evaluate the report. If needed, the Risk management staff will contact the employee to gather additional information.

Location of the Web Form

The Incident web form can be accessed through the following link:

https://rm-cityofminn.csc-fsg.com/City%20of%20Minneapolis/(S(iohve23ftlgachliqmksqwjj))/Report.aspx

Please note:

- This link will be active effective Jan 1, 2016
- Once you start the form you must complete it at that time.
- All underlined fields are required.

Information to be entered in the Web Form

City employees need to provide details of the incident in the web form. Some of the information requested on the above web form is private and confidential. The data collected will assist the City in filing claims, targeting areas for increased efficiencies, and remedying unsafe work conditions. If you have any questions regarding this web form please contact your supervisor.

The web form is separated into three main categories of fields. Please use the drop down menu to select your options.

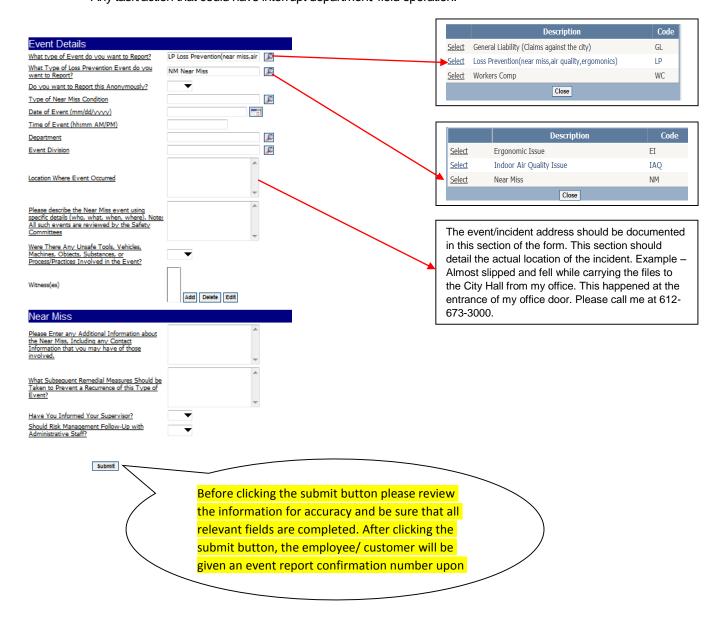
- 1. General Liability,
- 2. Loss prevention (Near misses, Internal Air quality, and ergonomics) and
- **3.** Worker's compensation.

Web Intake Incident Form: Loss prevention- Near Miss

A near miss is an unplanned event that did not result in injury, illness, or damage. Employees are encouraged to identify the opportunities to improve safety, health, environment challenges and security issues based on a condition or an incident with potential for more serious consequence. Please see the screen below on how to select the "near miss" from the options. Select Loss prevention first and see the description for other options.

Examples:

- Any task/action that could have caused injury to an employee
- ✓ Any task/ action that could have caused property damage
- ✓ Any task/action that have caused damage to the environment
- ✓ Any task/action that could have interrupt department/ field operation.

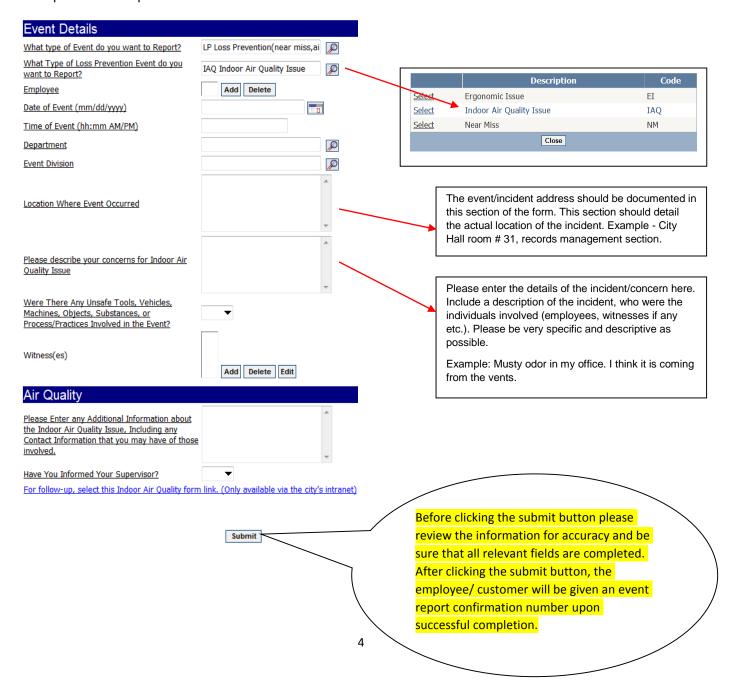


Web Intake Incident Form: Loss prevention- Indoor Air Quality (IAQ):

Poor Indoor Air quality (IAQ) could contribute to non-healthy indoor environment. Following are the common issues that a City employee can help to identify and resolve.

- ✓ Excessive dust buildup doesn't matter how often you clean.
- ✓ Musty odor in your work area/office building.
- ✓ Elevated humidity levels.
- ✓ Headache, nausea and throat irritation while in the work area/ office.
- ✓ Water leak/damage and possible mold growth.

Please see the screen below on how to select the "IAQ Issue" from the options. Select Loss prevention first and see the description for other options.

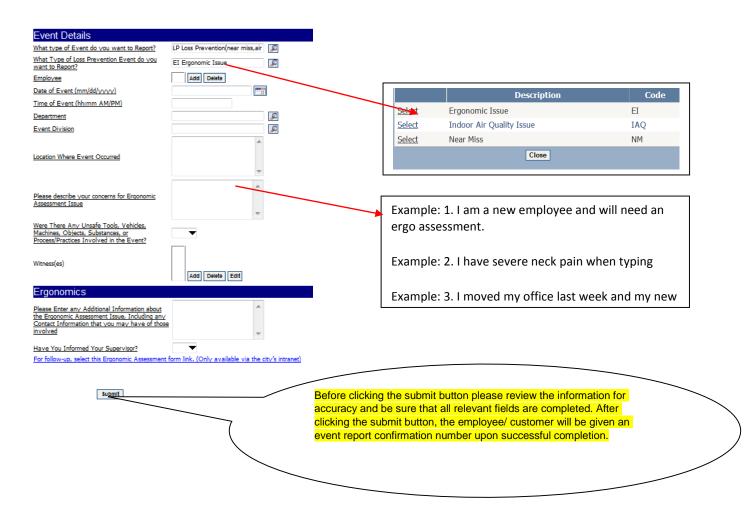


Web Intake Incident Form: Loss prevention- Ergonomics:

Ergonomics is the study of the relationship between employees, their activities, their equipment, and their environment. We need your help in identifying the risk factors in your daily work/job. Risk factors are elements or components of your job that increase the probability of injury if the exposure is not controlled or corrected. Please take time to report any of the following challenges we may have in our work site/office.

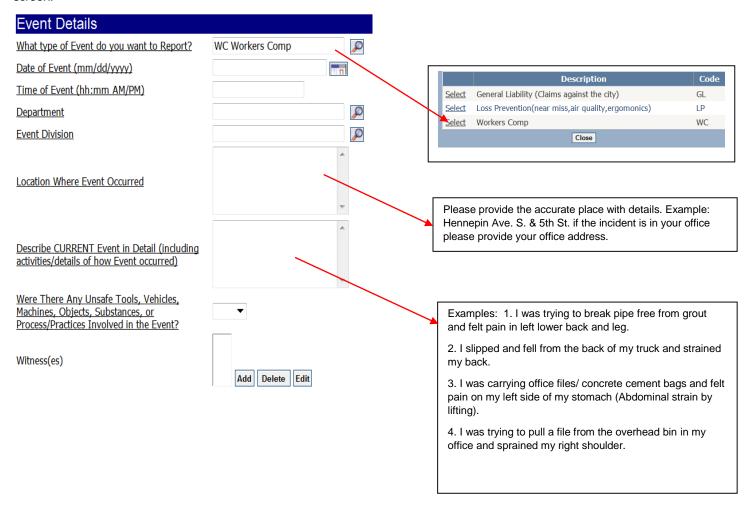
- ✓ **Posture:** Awkward & Static anything out of "neutral" especially if sustained (> 1-hour) is potentially problematic. Prolonged sitting or standing without opportunity to break or change position is a potential exposure.
- ✓ **Force:** Weights lifted/carried or forces applied to push/pull x frequency and/or duration of the activity can contribute to injury, especially if there is insufficient time to recover from those exertions.
- ✓ Repetition: Exertions per minute + duration of activity without sufficient time to recover from those exertions might contribute to musculoskeletal strain.
- ✓ Lack of Recovery Time: Opportunities to break from static postures, rest from forceful exertions, or repetitive activities is essential to injury prevention. Changing position, movement, and gentle stretching increase blood flow to soft tissues, improve concentration, restore energy, and enhance productivity.
- ✓ Symptoms: Please report soreness, swelling, skin discoloration, numbness, tingling, burning, and radiating pain, decreased strength, decreased movement, muscle strain/sprain, nerve irritation/compression, tendon inflammation, Joint discomfort/inflammation. Usually the affected areas are neck, back, upper extremities, lower extremities, and eyes

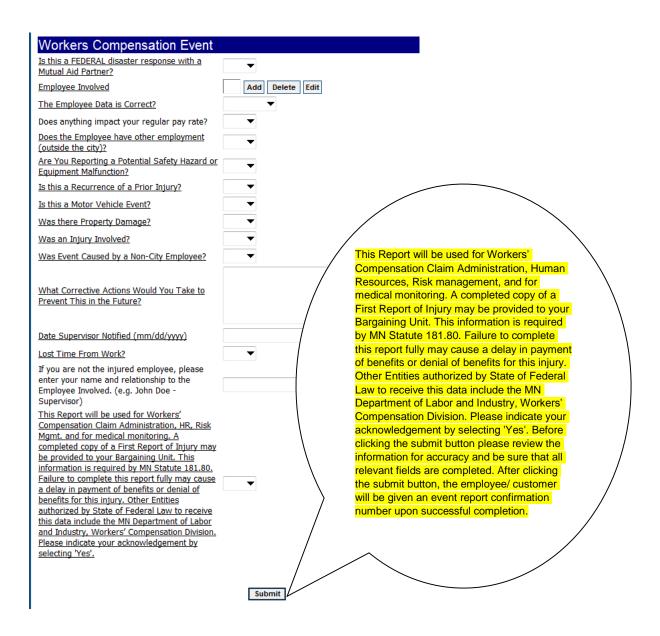
Please see the screen below on how to select the "Ergonomic Issue" from the options. Select Loss prevention first and see the description for other options.



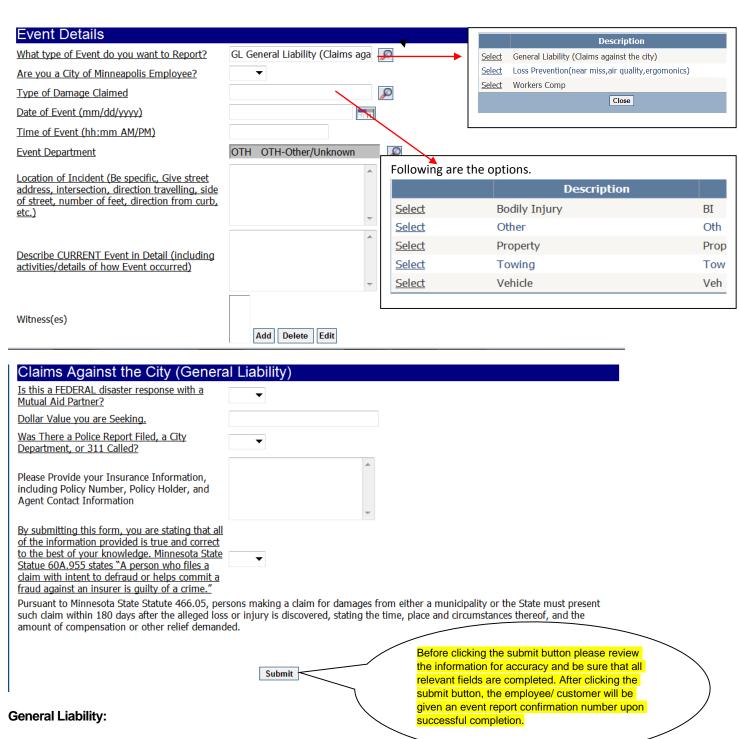
Web Intake Incident Form: Worker's Compensation

Please see the screen below on how to select the "WC- Workers Comp" from the options. Select the type of event from description screen.





Web Intake Incident Form: General Liability



- A. The claim must be filed within 180 days of the occurrence.
- B. Your claims must be based on the fault or liability of the City or its employees.
- C. Email copies of bills, estimates, pictures or other documents to riskmanagement@minneapolismn.gov.
- D. Your claim will be investigated by Risk Management & Claims Division
- E. For further information, call 612- 673-2969

Address and the location where Event Occurred section

The event/incident address should be documented in this section of the form. This section should detail the actual location of the incident. The event/incident, how it happened should be documented in the "Location Where Event Occurred" section of the form. There are two areas to enter information about the incident. The first is the location where event occurred field and the second field is labelled as "Please describe your concerns".

Details are important:

When completing this section please describe details identifying who, what, when, where and how. Please be very specific and descriptive as possible.

Emergency situation:

If the incident required emergency services (medical, law enforcement, fire) indicate which party was contacted.

Submission section

The last section of the form requires the employee to confirm that the information he/she provides in the form is accurate and that they agree to be contacted for information about the report if it is incomplete or unclear. The employee then has the option to "submit" or "cancel" the report.

On clicking the Submit button, the employee is taken to a page which displays the event report confirmation number with a message "Event successfully reported".

Sample submission report:

Event successfully reported. Event number is EV2015045166.

Thank you for submitting this Event. If you have additional information to convey, please respond using one of the approaches outlined below.

To respond by email, send the documentation to riskmanagement@minneapolismn.gov.

To respond by fax: (612) 673-2775

To call with questions or concerns: (612) 673-2969

Please reference the above Event Number in any email, phone call or fax.

For mail, use the following address:

City of Minneapolis, ATTN: Risk Management and Claims 330 Second Ave South #550, Minneapolis, MN 55401-2213.

Please use the 'Print PDF' button at the bottom of the page to print a copy of the submitted data.

KEY POINTS TO REMEMBER

- The form cannot be changed at this time; if you have suggestions or comments please share them for future updates
- Web Form replaces the Supervisor's Report of Injury
- All <u>underlined</u> fields are required
- Distribution of documentation:
 - Work Comp Claims
 - Adjuster
 - Safety Liaison
 - Supervisor (listed in HRIS)
 - Supervisor will get e-mail with attached injury Report when they open the report all fields will be grayed out and the bottom Supervisor Section is what they need to complete.
 - Needs to be completed as soon as possible
 - o Ergonomic/Indoor Air Quality/Near Miss Requests
 - Safety Liaison
 - Loss Control Coordinator

When entering a claim:

Event Details

Department: The top of the list is #'s only, scroll down to the bottom for department names and correlating codes and select that.

Witnesses: Only list If there were witnesses

Workers Compensation Event:

Federal Disaster: required - No/Yes

Employee Involved: You can search by employee ID #, or last name, first name. Do NOT USE EDIT

Employee Data Correct: Just verifying the Division/Dept displayed above was correct.

Does anything impact your regular pay rate: Shift Diff, On-Call pay, Ride out of Grade, etc....

Reporting Department: You HAVE to hit the spy glass – automatically populates City of Minneapolis

Lost Time from Work? If yes

Date Employee Left Work: Fill in

Date Employee Returned to Work: You may not know at the time of filing the injury report - NOT required